

Filled by local team/account owner

Filled by HQ

Person in charge from SolaX : Person in charge SolaX :
 Date/Time: Date/Start of the process:
 Info to SolaX : **RMA number:**.....

Please **complete** this form and send it to per email service.eu@solaxpower.com

	Installer / Solar Company	Customer / Installation
First Name, Name		
Company Name, ABN Customer No.		
Street, City State, Postcode		
Mobile / Phone Fax		
Email		
Web page		
Distributor		
To which address should service staff direct further enquiries? Orderer: <input type="checkbox"/> Delivery address: <input type="checkbox"/>		

Details of PV installation					
Type of the module used	Number of the modules per string	Number of strings connected to the inverter	PV power KW	Type and number of solar inverters	Site of installation of the inverter (indoor, outdoor, rain, sunshine)

Details about the defective inverter: e.g.Solar Inverter type, if connect with battery etc.

Inverter serial number	WiFi serial number	Installation date	Revision	Remark
The information is necessary for the replacement and can be read on the right hand side of the solar inverter.				

Detailed error description:

Insurance claim:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Warranty claim:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Request of replacement YES NO (please tick appropriate box)

Date:..... **Signature:**

I hereby agree to the „Terms of Warranty and Replacement for SolaX Power Inverter“ which can be download from our webpage <http://www.solaxpower.com/warranty/>